

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18474

BIRTH NO.		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 49			
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri St. Francois					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) OTIS		a. (First)		b. (Middle) HIDDLE		c. (Last)			
4. DATE OF DEATH		(Month) July		(Day) 4		(Year) 1955			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 6 1881			
9. AGE (In years last birthday) 15		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 28		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edmund Hiddle		13b. MOTHER'S MAIDEN NAME Nancy Harper		14. NAME OF HUSBAND OR WIFE unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Diggs Funeral Home, Marion Indiana		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) DUE TO (c) Arteriosclerotic Heart Disease 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 3, 1955, to July 4, 1955, that I last saw the deceased alive on July 4, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Marvin C. Menne M.D.				23b. ADDRESS Dr. Menne, M.D.		23c. DATE SIGNED 7-5-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-5-55		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Marion Indiana			
DATE REC'D BY LOCAL REG. 7-5-55		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.